

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004458	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2015
NAME OF PROVIDER OR SUPPLIER SETTLERS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 MONROE ST LA PORTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00175362.</p> <p>Complaint IN00175362-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: August 14, 2015</p> <p>Facility number: 004458 Provider number: 004458 AIM number: N/A</p> <p>Census bed type: Residential: 26 Total: 26</p> <p>Census payor type: Other: 26 Total: 26</p> <p>Sample: 4</p> <p>Settlers Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00175362.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE